



04/13/2020

GRANT COUNTY FAMILIES FIRST CORONAVIRUS
RESPONSE ACT REQUEST (FFCRA)

Questions? Call the Personnel Office (Joyce Roling 723-2045 or Dawn 723-2540)

SECTION 1: Employee Information

Employee Name:

Employee Address:

Main Phone Number:

Secondary Phone Number:

Email Address:

Anticipated Begin Date:

Anticipated End Date:

I am unable to work or telecommute for the following reason(s) (Check all applicable):

- ☐ Employee is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus **(Complete Section A and B only)**
Name of Government Entity that issued the order: _____
- ☐ Employee has been advised by a health care provider to self-quarantine due to concerns related to Coronavirus **(Complete Section A and B only)**
Name of health care provider that advised the self-quarantine: _____
- ☐ Employee is experiencing coronavirus symptoms and ACTIVELY seeking a medical diagnosis **(Complete Section A and B only)**
- ☐ Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above **(Complete Section A and B only)**
Name of Gov't Entity or health care provider issuing order: _____
- ☐ Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to coronavirus and attest that there is no other suitable person to care for my child(ren) during the period of requested leave. **(Complete Sections A, B and C)**
Name of school or place of care that closed: _____
Name of child: _____ *Age:* _____
Name of child: _____ *Age:* _____
Name of child: _____ *Age:* _____
Name of child: _____ *Age:* _____
For children needing care 15 and older ONLY: Please indicate what special circumstances exist, requiring you to provide care for a child 15 and older during daylight hours and unable to work or telework:

- ☐ Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. **(Complete Section A only)**

Section A. Telecommuting

1. Are you able to telecommute intermittently while on leave?
☐ No
☐ Yes; I plan on telecommuting _____ hours per week.
2. Are you able to work intermittently at your worksite while on leave? *(Note: this is only available for employees needing to care for a child due to COVID-19 reasons of school/day care closures).*
☐ No
☐ Yes; I plan on working at my worksite _____ hours per week.

Section B. The Emergency Paid Sick Leave Act (PSLA)

The Emergency Paid Sick leave Act (PSLA) of the FFCRA provides 2 weeks (80 hours) of limited paid sick leave benefit for full-time employees outside of FMLA or EFMLEA (below). This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits. All employees actively employed by Grant County are eligible, with the exclusion of health care providers and emergency first responders as defined in the FFCRA policy.

For the first three reasons listed above, eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap.

For the last three reasons listed above, eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap.

If your leave is 2/3 pay. Do you want to substitute your own accruals to supplement your pay to make your paycheck "whole"?

- ☐ No. Do not substitute any time and just pay the 2/3 Paid Sick Leave.
- ☐ Yes. Below is my priority on what time to use first, and the maximum hours to use, to supplement the PSLA hours to receive my normal full pay (i.e 1-Comp time-10 hours; when 10 hours is used, then 2-Discretionary -8 hours; when 8 hours is used, then 3-Vacation-16 hours; when 16 hours are used, do not further supplement):

____ Vacation (____ hours)
 ____ Discretionary (____ hours)
 ____ Comp Time (____ hours)
 ____ Sick Time (____ hours)
 ____ Unpaid Time (____ hours)

Section C. The Emergency Family and Medical Leave Expansion Act (EFMLEA)

The Emergency Family and Medical Leave Expansion Act (EFMLEA) of the FFCRA is available for employees who have worked 30 calendar days and is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to coronavirus. Health care providers and emergency first responders are excluded as defined in the FFCRA policy. Employees who have used FMLA already in the last 12 months, will have the time available under this Act reduced by the FMLA hours already used.

Employees receive up to 12-weeks protected leave. The first 2 weeks (typically 10 work days) off will be unpaid, employees can substitute their own accruals to supplement their pay. After the 2 weeks of unpaid time, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available FMLA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of

\$200 or aggregate cap of \$10,000, per person.

1. **DURING the first 2 weeks:** Below is my priority on what time to use first, and the maximum hours to use, DURING the first 2 weeks to supplement the unpaid time under EMFLEA. (i.e 1-PLSA -80 hours; when 80 hours is used, then 2-Discretionary-8 hours; when 8 hours is used, then 3-Vacation-40 hours; when 40 hours are used, do not further supplement):

____ 2/3 pay from PSLA from Section A (____ hours)

☐ In addition to 2/3 PSLA, use the hours indicated directly below to supplement the 1/3 pay

____ Vacation (____ hours)

____ Discretionary (____ hours)

____ Comp Time (____ hours)

____ Sick Time (____ hours)

____ Unpaid Time (____ hours)

2. **AFTER the first 2 weeks:** Below is my priority on what time to use first, and the maximum hours to use AFTER the first 2 weeks of my EFMLEA leave:

____ Vacation (____ hours)

____ Discretionary (____ hours)

____ Comp Time (____ hours)

____ Sick Time (____ hours)

____ Unpaid Time (____ hours)

I authorize the appointing authority to obtain any necessary information regarding my request under the Families First Coronavirus Response Act. During the time period of the County's Emergency Declaration, the County will accept your electronic signature.

I attest that I am unable to work or telecommute because of the COVID-10 reason and understand falsification may result in disciplinary action.

Employee Signature: _____ Date: _____

This form must be immediately returned to the Personnel Office

Via Fax (608) 723-4595 OR Email: jroling@co.grant.wi.gov or dmergen@co.grant.wi.gov

What Happens Next?

1. Begin your leave. The County understands the immediate action required in this situation.
2. Make sure your supervisor (and your payroll designee) is aware of your need for leave.

3. The Personnel Office will complete the below portion of this form and then return a copy to the employee.
 4. The Personnel office will notify the payroll designee and ask them to share the time off information with the employee's supervisor.
 5. The payroll designee must, by 10 a.m. on payroll week Monday, immediately submit a copy of the employee's timecard to the Personnel Department. Payment of supplement hours will then be calculated by the Personnel Department in conjunction with the Finance Department to insure payment in accordance to the applicable laws.
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Personnel Department use Only

Leave Request is Approved.

You may use:

Up to _____ hours of PSLA

Up to _____ hours of EFMLEA

Personnel Director (or designee) Signature: _____ Date: _____

Leave Request is Denied. Reason:

Personnel Director (or designee) Signature: _____ Date: _____